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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*** *N/A*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *N/A*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 03/14/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	STATE OR COUNTRY NETHERLANDS	SHEETS DRAWING 10	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
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**TITLE**  
 Method and apparatus for correction of mammograms for non-uniform breast thickness

<b>FILING FEE RECEIVED</b> 830	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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